## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobb	yist(s) Stephen Buonic	ont	<del></del>
II. Name of lobb	oyist's partnership, firm or corporation, if a	ny:	
Buonica	(Name of partnership, firm or corporation)		
One BOST Business Address:	n Place Suite How Bo (Street) (Town/City)	Ston MA (State)	OJ 106 (Zip Code)
(617) <u>433</u> -	$\frac{-7255}{\text{one}}$ ( )	e-mail Steve	b.lawoffice@grail
	ent covers: (Choose one file separate repor use transactions which are not attributable t		may file a separate report for
All reportable	e transactions occurring in the months prior to	the reporting date relative to	the following client:
Nationa	(Full Name of Client as it appears on the Lo	byyist Registration Form)	
OR    All reportable unrelated to any p	transactions by the lobbyist (including the lobboarticular client.	byist's family), or the lobby	ing firm listed below which are
IV. Date of Repo	ort April 26, 2017  activity from date of registration to 3/31/17	July 26, 2017 D	<b>/</b> 117
	October 25, 2017   activity from 7/1/17 to 9/30/17	January 31, 2018 [] activity from 10/1/17 to 12/	
	been no fees received and no reportable ked, complete just this form and submit it to th		
VI. Cheek if add	litional reports are attached:		
•	occived fees or made expenditures, you must fi		
☐ If you have p Expense Reimbur	oaid an honorarium or reimbursed expenses, yo reement	u must file Addiedam, B. 1	Report of Honorariana or
-	firm, or your family has made political contribu	ations, you must file Addin	dem C- Political Contributions
I have read RSA and complete to t	at/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA 664 and hale best of my knowledge and belief.	araby swear or affirm that th	
(Signature of lob	Buricont		REFOEIVE
Stephen (Print Name of I	Duran Cont		
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NEW HAMPSHIRE DEPARTMENT OF STATE